



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

STATE OF HAWAII
STATE ETHICS COMMISSION

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LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
Shinkawa	Rodney	R	524-5161
MAILING ADDRESS (Street)			FAX
1000 Bishop Street, Suite 301B			521-4120
(City)	(State)	(Zip Code)	
Honolulu	HI	96813-4203	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Hawaii Bankers Association		524-5161
MAILING ADDRESS (Street)		FAX
1000 Bishop Street, Suite 301B		521-4120
(City)	(State)	(Zip Code)
Honolulu	HI	96813-4203
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Rodney R. Shinkawa		524-5161
MAILING ADDRESS (Street)		FAX
1000 Bishop Street, Suite 301B		521-4120
(City)	(State)	(Zip Code)
Honolulu	HI	96813-4203

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture

Education

Human Services

Science, Technology &
Economic DevelopmentCommunications &
Public Utilities☒ Government Operations &
FinanceIntergovernmental Relations,
International Affairs

Tourism & Recreation

☒ Consumer Protection &
Commerce

Hawaiian Affairs

☒ Labor & Employment

Transportation

Culture, Arts, Historic
Preservation

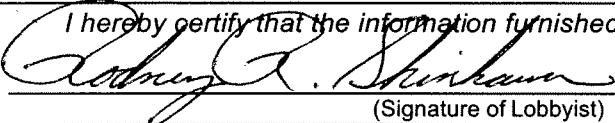
Health

Planning, Land & Water
Use Management

Other: (indicate below)

Ecology, Energy
Environmental Protection☒ Housing

Public Safety & Corrections

PART IV CERTIFICATION OF LOBBYIST*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*

(Signature of Lobbyist)

1/3/2007

(Date)

PART V AUTHORIZATION TO LOBBY

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Constance H. Lau

President

NAME OF ORGANIZATION (if applicable)

TELEPHONE

Hawaii Bankers Association

524-5161

MAILING ADDRESS (Street)

FAX

1000 Bishop Street, Suite 301B

521-4120

(City)

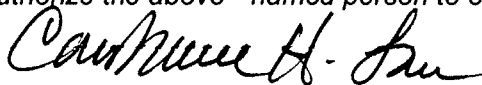
(State)

(Zip Code)

Honolulu

HI

96813-4203

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented)

1/3/2007

(Date)